

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Iowa Values

ADDRESS (number and street)

3101 Ingersoll Avenue

☐ Check if different than previously reported. (ACC)

Des Moines

IA

50312

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00565846

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

16

2014

through

M M M / D D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins, Asst. Treasurer

Signature of Treasurer

Nancy H. Watkins, Asst. Treasurer

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

04

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Iowa Values

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	75202.15	
(c) Total Receipts (from Line 19) .....	27600.00	113600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102802.15	113600.00
7. Total Disbursements (from Line 31) .....	84857.64	95655.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17944.51	17944.51
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Iowa Values

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

27500.00

113500.00

(ii) Unitemized .....

100.00

100.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

27600.00

113600.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

27600.00

113600.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

27600.00

113600.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

27600.00

113600.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	12946.29	23658.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12946.29	23658.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	71911.35	71996.75
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	84857.64	95655.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84857.64	95655.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27600.00	113600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27600.00	113600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	12946.29	23658.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	12946.29	23658.74

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Iowa Values**

Full Name (Last, First, Middle Initial)

**A. Ronald L. Daniels**

Mailing Address 3101 Ingersoll Avenue

City

Des Moines

State

IA

Zip Code

50312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Buyers Realty, Inc.

Occupation

real estate developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Zipper**

Mailing Address 4774 N.W. 2nd Avenue

City

Boca Raton

State

FL

Zip Code

33431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Pain Institute

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.4141**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27500.00

27500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Iowa Values

**A. Ashby Law, PLLC**

Mailing Address 919 Prince Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
legal services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4148

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Electoral Strategies, Inc.**

Mailing Address 400 S.W. 14th Court

City	State	Zip Code
Fort Lauderdale	FL	33315

Purpose of Disbursement
fundraising

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three digital displays showing the date 10/17/2014 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '17' for the day, and the third shows '2014' for the year. Each display has small letters above the digits indicating the format: 'M M' for month, 'D D' for day, and 'Y Y Y Y' for year.

Transaction ID : SB21B.4140

Amount of Each Disbursement this Period

475.00

Full Name (Last, First, Middle Initial)

**C. Electoral Strategies, Inc.**

Mailing Address 400 S.W. 14th Court

City	State	Zip Code
Fort Lauderdale	FL	33315

Purpose of Disbursement
fundraising

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.4166

Amount of Each Disbursement this Period

2360.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3033.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Iowa Values**

Full Name (Last, First, Middle Initial)

**A. Electoral Strategies, Inc.**

Mailing Address 400 S.W. 14th Court

City Fort Lauderdale      State FL      Zip Code 33315

Purpose of Disbursement  
political strategy consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2014
**Transaction ID : SB21B.4176**

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

**B. Eytan Laor**

Mailing Address 20533 Biscayne Blvd., #250

City Miami      State FL      Zip Code 33180

Purpose of Disbursement  
see memo entries

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2014
**Transaction ID : SB21B.4178**

Amount of Each Disbursement this Period

2412.33

Full Name (Last, First, Middle Initial)

**C. Delta Air Lines, Inc.**

Mailing Address 1030 Delta Blvd.

City Atlanta      State GA      Zip Code 30354

Purpose of Disbursement  
transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2014
**Transaction ID : SB21B.4178.2**

Amount of Each Disbursement this Period

867.44

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6912.33



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Iowa Values**

Full Name (Last, First, Middle Initial)

**A. National Car Rental**

Mailing Address 6929 N. Lakewood Avenue, #100

City State Zip Code  
Tulsa OK 74117
Purpose of Disbursement  
transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 29 2014
**Transaction ID : SB21B.4178.12**

Amount of Each Disbursement this Period

171.57

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 111 W. Rio Salado Parkway

City State Zip Code  
Tempe AZ 85281
Purpose of Disbursement  
transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
11 03 2014
**Transaction ID : SB21B.4178.16**

Amount of Each Disbursement this Period

665.60

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. National Car Rental**

Mailing Address 6929 N. Lakewood Avenue, #100

City State Zip Code  
Tulsa OK 74117
Purpose of Disbursement  
transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
11 05 2014
**Transaction ID : SB21B.4178.17**

Amount of Each Disbursement this Period

53.62

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Iowa Values**

Full Name (Last, First, Middle Initial)

**A. Charles C. Murphy**

Mailing Address 555 Jefferson Avenue, #102

City  
Deerfield BeachState  
FLZip Code  
33442Purpose of Disbursement  
website services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                  23                  2014
**Transaction ID : SB21B.4157**

Amount of Each Disbursement this Period

740.00

Full Name (Last, First, Middle Initial)

**B. Charles C. Murphy**

Mailing Address 555 Jefferson Avenue, #102

City  
Deerfield BeachState  
FLZip Code  
33442Purpose of Disbursement  
website/graphic design

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11                  11                  2014
**Transaction ID : SB21B.4175**

Amount of Each Disbursement this Period

657.08

Full Name (Last, First, Middle Initial)

**C. Mary E. Woodhouse**

Mailing Address 900 65th Street, #68

City  
Windsor HeightsState  
IAZip Code  
50324Purpose of Disbursement  
consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11                  04                  2014
**Transaction ID : SB21B.4170**

Amount of Each Disbursement this Period

1340.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2737.08

12682.41

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 11 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Iowa Values</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00565846	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Avery Outdoor</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address <b>P. O. Box 2335</b>		Amount <b>3000.00</b>	
City <b>Sioux City</b>	State <b>IA</b>	Zip Code <b>51102</b>	Transaction ID : <b>SE.4163</b>
Purpose of Expenditure digital advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2014</b>
Name of Federal Candidate <b>Joni K. Ernst</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>71246.75</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Clear Channel Outdoor, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>5800 N.W. 77th Court</b>		Amount <b>38897.10</b>	
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33166</b>	Transaction ID : <b>SE.4149</b>
Purpose of Expenditure outdoor advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate <b>Joni K. Ernst</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>49656.50</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>41897.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins, Asst. Treasurer

[Electronically Filed]

Date

 MM / DD / YYYY  
**12 / 04 / 2014**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 14  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Iowa Values</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00565846</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Charles C. Murphy</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">22</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>		
Mailing Address <b>555 Jefferson Avenue, #102</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">471.25</div>		
City <b>Deerfield Beach</b>		State <b>FL</b>	Zip Code <b>33442</b>		Transaction ID : <b>SE.4158</b>
Purpose of Expenditure graphic design		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">23</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate <b>Joni K. Ernst</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">68246.75</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>The Lamar Companies</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>		
Mailing Address <b>P. O. Box 96030</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">10674.00</div>		
City <b>Baton Rouge</b>		State <b>LA</b>	Zip Code <b>70896</b>		Transaction ID : <b>SE.4145</b>
Purpose of Expenditure outdoor advertising		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">19</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate <b>Joni K. Ernst</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">10759.40</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">11145.25</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Nancy H. Watkins, Asst. Treasurer</i>			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">12</div> / <div style="display: inline-block; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 13 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Iowa Values</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00565846
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>The Lamar Companies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address P. O. Box 96030		Amount 17269.00
City Baton Rouge	State LA	Zip Code 70896
Purpose of Expenditure outdoor advertising	Category/Type	Transaction ID : <b>SE.4150</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate Joni K. Ernst		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>The Lamar Companies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 22 / 2014</b>
Mailing Address P. O. Box 96030		Amount 850.00
City Baton Rouge	State LA	Zip Code 70896
Purpose of Expenditure outdoor advertising	Category/Type	Transaction ID : <b>SE.4156</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2014</b>
Name of Federal Candidate Joni K. Ernst		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	18119.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins, Asst. Treasurer

[Electronically Filed]

Date

 MM / DD / YYYY  
**12 / 04 / 2014**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 14 OF 14  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Iowa Values</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00565846	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>The Lamar Companies</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 27 / 2014</b>	
Mailing Address <b>P. O. Box 96030</b>		Amount <b>750.00</b>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70896</b>	Transaction ID : <b>SE.4169</b>
Purpose of Expenditure <b>outdoor advertising</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 23 / 2014</b>
Name of Federal Candidate <b>Joni K. Ernst</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>71996.75</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>750.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶		<b>71911.35</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Nancy H. Watkins, Asst. Treasurer</i>		Date M M M / D D D / Y Y Y Y Y Y <b>12 / 04 / 2014</b>	
		[Electronically Filed]	